

REQUEST AND AUTHORIZATION FOR TECHNICIAN PERMENANT CHANGE OF STATION			
I. INDIVIDUAL INFORMATION			
1. Name		2. SSAN	3. DOB
4. Pay Plan	5. Series	6. Grade	7. Projected Report Date
8. Position Title		9. VA#	10. PCS Offered on VA () YES () NO
11. Name and Location of Current Technician Unit or Federal Agency		12. Address of Current Home-of-Record	
13. Name and Location of New Technician Unit		14. New Duty Location (if different from #13)	
15. Mileage Distance or Travel Time Between Current Technician Unit/Federal Agency and Current Home-of-Record		16 Mileage Distance or Travel Time Between New Duty Location and Current Home-of-Record	
17. Remarks			
II. JUSTIFICATION FOR PCS MOVE			
Describe below why the PCS move is in the best interest of the Federal Government			
III. NOMINATING SUPERVISOR CERTIFICATION			
I certify that the above information is correct and that this move is in the best interest of the federal government. The member has signed the DD Form 1618, DoD Transportation Agreement, and it is attached.			
Name/Title	Signature	Date	Telephone

IV. COMMANDER/DIRECTOR CERTIFICATION			
I concur with this request and certify that this move is in the best interest of the federal government.			
Name/Title	Signature	Date	Telephone
V. COMPTROLLER CERTIFICATION OF FUNDING AVAILABILITY			
I certify that funds are available for this action.			
Name/Title	Signature	Date	Telephone
VI. DIRECTORATE OF HUMAN RESOURCES USE ONLY			
REVIEWS/APPROVAL			
I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.			
HUMAN RESOURCES SPECIALIST (review)	Signature	Date	
HUMAN RESOURCES SPECIALIST (review)	Signature	Date	
DIRECTOR/DEPUTY DIRECTOR OF HUMAN RESOURCES (approval)	Signature	Date	
HRO Tracking Only			
1. Special Order (ARNG Only)		2. Dated (ARNG Only)	
3. Authorization forwarded to Wing Comptroller (ANG Only) for orders publication on:			
4. Remarks			

